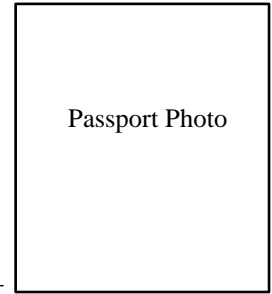


APPLICATION FOR REGISTRATION – FORM 4/5

PLEASE TYPE OR PRINT



Student's Name: _____
FIRST MIDDLE SURNAME

Desired Entry School Year: _____ Desired Entry Form: _____ Current Form: _____

Current School: _____

Place of Birth: _____ Date of Birth: _____ Age: _____
COUNTRY DD / MM / YYYY

Nationality: _____ Gender: MALE FEMALE Home Number: _____

Current Address: _____

Does your child have any learning challenges? YES NO

If yes, please provide a copy of the respective professional reports.

FAMILY INFORMATION

Father's Name: _____ Nationality: _____

Home Address: _____

Employer: _____

Work Address: _____

Work Number: _____ Cellular Number: _____

Email Address: _____

Mother's Name: _____ Nationality: _____

Home Address: _____

Employer: _____

Work Address: _____

Work Number: _____ Cellular Number: _____

Email Address: _____

Applicant lives with? Please tick ✓ **Both Parents** **Father Only** **Mother Only**

Other, please specify _____

How did you hear about The British Academy? _____

Reason for wanting your child to attend The British Academy? _____

Has your child ever been expelled or suspended from another institution? If yes, please state the reason and when:

SUBJECTS OFFERED FOR FORM 4/5

FULL TIME STUDENT – Choose 3-4 subjects (Mathematics, English Language, English Literature and Spanish are *compulsory*)

Please **INDICATE** your choices below (*1 subject per line* from the grid below)

Line 1	Business	Chemistry		
Line 2	Physics	History		
Line 3	Additional Mathematics	ICT		
Line 4	Biology	French		

Parent Name : _____
PLEASE PRINT NAME

Parent Signature: _____ Date Completed: _____
DD / MM / YYYY

OFFICIAL USE ONLY

Registration Fee: \$200 Date Paid: _____
DD / MM / YYYY

Assesment Fee: \$600 / \$1000 Date Paid: _____ Assessment Date: _____
DD / MM / YYYY

Please state if the student was accepted: YES NO

If **yes**, state if the following documents were completed:

Application Letter YES NO

Capital Fund YES NO

Invoices YES NO

Payment Plan (if applicable) YES NO

Subject Choice (if applicable) YES NO

Professional Learning Challenge Report (if applicable) YES NO

If **no**, kindly indicate the reason: _____

Completed by: _____
PLEASE PRINT NAME

Date Completed: _____
DD / MM / YYYY